The Hampden Hippocrat

October 1981

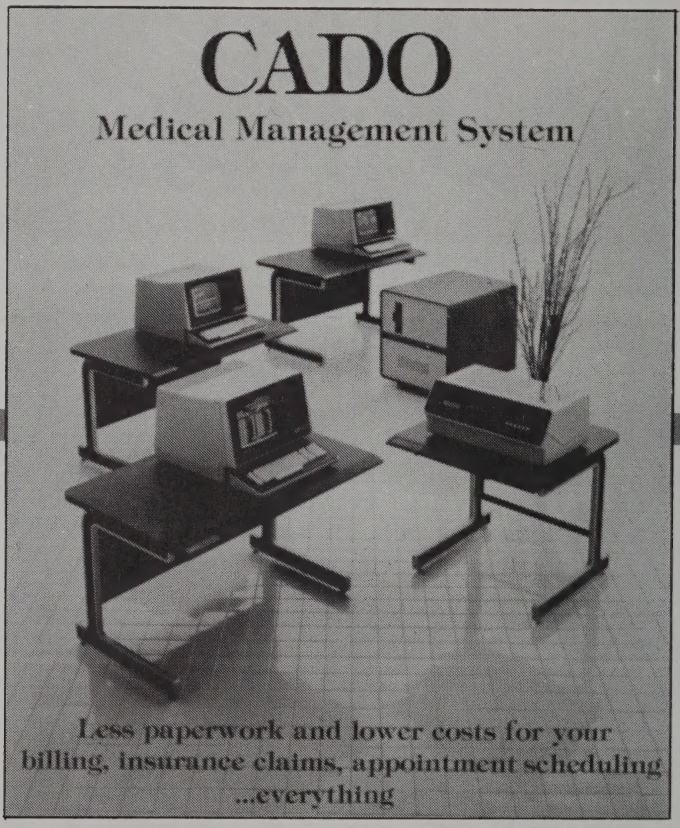
Mrs. Gregory J. Gallivan

President Auxiliary To H.D.M.S.

1981 - 1982

CADO

Medical Management System



Less paperwork and lower costs for your billing, insurance claims, appointment scheduling ...everything

It's Just What The Doctor Ordered:

- Does all your patient billing, insurance forms, appointment scheduling, all the routine office work that used to take so many people too many hours to do.
- Lets you spend more time with your patients and less time running your practice. CADO does most of the running for you.
- Prepares bank deposit slips and daily summaries.
- CADO's Word Processing takes less time to make all your correspondence and reports letter perfect.
- Includes JUST ASK — the remarkable, do-it-yourself-without-a-programmer system that automatically inserts names, addresses, balances, or other personalized data in letters, forms or collection notices.
- Grows as you grow. Your CADO Medical Management System will accommodate six keyboard video displays and two printers — its a powerful system at a micro-low price!

For further information about the CADO Medical Management System Contact:

DESCO DATA SYSTEMS
4 New Park Road
East Windsor, CT 06088
(413) 732-3566 (203) 627-5151

HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
SPRINGFIELD, MASS. 01109
Telephone: 736-0661

VIVIAN M. PURDY
Executive Secretary

CAROL A. DICLEMENTI
Office Secretary

OFFICERS

Philip B. Stoddard ..... President
Garry deN. Hough, III ..... Vice President-President Elect
William W. Walthall, Jr. ..... Secretary
John R.S. Remsberg ..... Treasurer
Terry D. Ryan ..... Assistant Secretary
Garry deN. Hough, III ..... Executive Councilor

EXECUTIVE COMMITTEE

Philip B. Stoddard	Ex-Officio	J.J. Siragusa, Jr.
Garry deN. Hough, III	Ex-Officio	John R.S. Remsberg
William W. Walthall, Jr.	Ex-Officio	Bernard Bloom
Joseph T. Bagamary	1982	J. Gordon Rich
William J. Baker	1983	Augusto G. Asinas
William J. Dean, Jr.	1984	Vincent A. Guardione

CHAIRPERSONS OF COMMITTEES

Norman Epstein ..... Mediation
Walter J. Pacosa ..... Publications
Bernard Bloom ..... Public Relations
Terrence M. O'Neill ..... Legislative
Richard J. Miller ..... Auxiliary
Nicholas P.W. Coe ..... Insurance
Eugene G. Boss, Jr. ..... Malpractice & Medico-Legal Affairs
Enzo V. DiGiacomo ..... Public Health
James G. Fitzpatrick ..... Education and Library
James D. Allan ..... By-Laws
Lorne C. Smith ..... Members' Insurance
James G. Fitzpatrick ..... Medico-Religious Affairs
Joel Bessoff ..... Auditing
Aaron M. Leavitt ..... Committee for Disabled Physician
Raymond J. Anton ..... Tax Supported Medical Care
Harry G. Tapp ..... Nominating
William B. Coen ..... Scholarship
J.J. Siragusa, Jr. ..... Area Health Planning

COUNCILORS

John C. Ayres — Ex-Officio
Philip B. Stoddard — Ex-Officio
Allen S. Johnson
William W. Walthall, Jr.
Raymond J. Anton
Augusto G. Asinas
Eugene W. Beauchamp, Jr.
Bernard Bloom ..... Public Relations
Eugene G. Boss, Jr.
Samuel J. Brendler
Franklyn H. Carrington
Demosthenes D. Dasco
Kenneth M. Frankel
Leandre W. Giguere
Garry deN. Hough, III ... Executive/ Alternate Nominating
Charles J. Leagus, Jr.
Richard J. Miller
Paul T. Moore
Terrence M. O'Neill ..... Legislative
D. Sean Restall
George E. Reynolds
J. Gordon Rich
Frederick C. Schwendenmann
J.J. Siragusa, Jr. ... Alternate Executive/ Alternate Legislative
Bruce B. Stoler ..... Nominating
Walter Tauber
Murray Watnick
Harrison D. Willcutts

The time to find out about BayBank Valley is before you pick a Trustee.

Not after.

BayBank

Valley Trust

Trust Department • 1500 Main Street • Springfield, MA 01115 • (413) 781-7575

THE HAMPDEN HIPPOCRAT
·1942·

OCTOBER 1981 VOL. XXXVII NO. 8

Contents

The official bulletin for The Hampden District of The Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

PAST EDITORS
MAX MILLMAN, M.D.
JOHN C. AYRES, M.D.
WALTON E. STEVENS, M.D.

CURRENT BOARD OF EDITORS
MANAGING EDITOR
VIVIAN M. PURDY

ASSOCIATE EDITORS
RONALD K. BURKE, M.D.
JOHN J. FLAHIVE, M.D.
E. DEBORAH GILMAN, M.D.
CARL W. JANOVSKY, M.D.
ALONZO D. SHEFFIELD, M.D.
ROCCO A. VERRILLI, M.D.
JOHN J. ZADWORNY, M.D.

PUBLICATIONS COMMITTEE CHAIRMAN
WALTER J. PACOSA, M.D.
WILLIAM J. BAKER, M.D.
GARRY DEN HOUGH, III, M.D.
JOHN D. IZSAK, M.D.

ADVERTISING AND BUSINESS MANAGER
ALICIA A. WILLARD
733-5336

President's Page 6

Auxiliary Activities 8

Challenges 10

A Message To The HDMS 11

September Executive Meeting 12

Auxiliary News 15

Risk Management 15

Gifford Retrospective 16

Welfare — Did You Know? 20

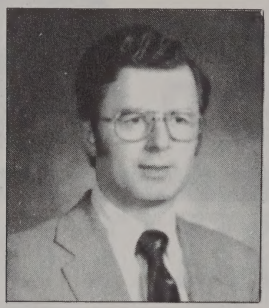
Health Services In The Springfield Public Schools 23

"Buckle Up Your Baby" 26

Welcome New Members 27

Hampden Capsules 29

THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
TO BE ASSURED OF UNINTERRUPTED DELIVERY OF THE HAMPDEN HIPPOCRAT, NOTIFY US IN ADVANCE OF AN ADDRESS CHANGE AND INCLUDE YOUR ZIP CODE NUMBER.



PRESIDENT'S PAGE

PHILIP B. STODDARD, M.D.
President

A special "thank you" to all who responded to the Special Assessment to help support the Library, and a special "please help" to those who did not respond. As you know the Library of the Springfield Academy of Medicine is now under the aegis of the Hampden District Medical Society Committee on Education and Library. It is yours to use and support.

Much has happened since my last communication to you which was written in June, but published in the September issue of the Hampden Hippocrat.

The results of the Special Council Meeting July 8 are summarized for you in the column "Message from the President" in the Massachusetts Medical Society Newsletter August 1981. Please read it. As you can imagine, a special summer meeting is unusual. The events and actions which precipitated it brought heated debate at that meeting not necessarily reflected in the above report.

On August 19, 1981 a Special Meeting of District Medical Society Presidents was called to improve communications between MMS Leadership and District Societies. Drs. Wyman and Wadman, President and President-Elect, provided the forum for a more personal discussion of current issues. As with all levels of organization, communication is the "glue" which holds it together. The lack of it makes the sticky issues.

The first sticky issue which demanded a majority of our time was the Blue Shield suit. Attorney Laurence of Choate, Hall, & Stewart summarized the status of the suit at that time.

The new MMS Director of Governmental Affairs, Mr. Neil Foley, presented the sequence of events leading up to a favorable passage of S. 866 (BC/BS Merger Bill) out of the state Legislature's Committee on Insurance to the Committee of Ways & Means. Incidently, there was no opposition input from MMS in spite of our Committee on Legislation's vote on six occasions to oppose! The reasons for opposition are listed in the last Hippocrat. If we could have opposed it, it might not have gotten out of committee.

Finally, brief presentations by Mr. Charles Amorasino on the new membership drive efforts, and Ms. Roxanne Hurley about public relations efforts were heard. I applaud the effort of Dr. Wyman to improve communications with the Districts.

The biggest news you should have received is the notice and letter

of interpretation from Mr. Laurence of Choate, Hall, & Stewart on the Blue Shield suit ruling.

On August 20, 1981 the Supreme Judicial Court (SJC) ruled that:

1. Blue Shield *was* compelled by the Massachusetts Law to refuse reimbursement to non participating physicians i.e. the "look-out" stands.

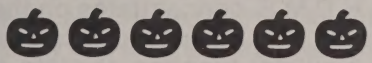
2. Blue Shield *was not* compelled by Massachusetts Law to prohibit balance billing i.e. the "lock-in" can be contested.

As I understand the situation, the suit will be pursued at the Federal District Court level on the basis of anti-trust and violation arguing that the McCorran-Ferguson Act should not immunize the price fixing scheme represented by the "lock-in".

It is interesting to note that James Kartell, M.D. the moved plaintiff in our suit, was not consulted by the leadership prior to their dismissal of Warner and Stackpole as our Counsel. Dr. Kartell plans to pursue the suit with Warner and Stackpole alone. Essex North supports his action.

Massachusetts Medical Society will pursue the suit with Choate, Hall and Stewart but must petition the judge to allow an Intervenor to represent the Society.

As you can appreciate, the permutation of events surrounding this suit are staggering. I shall keep you informed. □



When EF Hutton talks, people listen.

Donald A. Nadeau
Branch Manager
Vice President

EF Hutton
E. F. Hutton & Company Inc.
1391 Main Street, Suite 712
Springfield, MA 01103
Tel. (413) 737-2686

AUXILIARY ACTIVITIES

Thank you for electing me president of the Auxiliary to the Hampden District Medical Society. Whatever goals we set, we should feel confident and good about ourselves, the people around us, and the way we pull together. Our unique organization consists of doctors' spouses whose personalities, work experiences, interests and needs are varied. This fascinating blend of humanity is our charm and our strength. Trying to coordinate this diversity is my joyful adventure.

Historically, the auxiliary serves three major functions. It exists to help promote good health and safety in Hampden County, to participate in health legislation and to communicate with other medical families. We try to strike an acceptable balance between our social and our service related involvements.

The Auxiliary to the H.D.M.S. concentrates on these priorities at the district, grass-roots level. The Massachusetts Medical Society Auxiliary and the A.M.A. Auxiliary function at state and national levels respectively. Your single payment of dues offers you membership in all of these separate groups.

HEALTH EDUCATION

Locally, we support community programs which emphasize health education, as is evident in our affiliation with the Science Museum at the Quadrangle. Several years ago, we developed the "Touch-and-See Room" for area youngsters. To demonstrate the five senses, large models of a hand, eye, ear, nose and tongue, simulate and exemplify each characteristic modality. Winning entries from the "On the Road To Good Health: Essay and Poster Contest" were recently displayed at the museum. Anticipating the realization of the planned Health Hall, the auxiliary offered the Science Museum its expertise and a $1300 donation.

Elementary school children benefit from the "Wonderful You" program, presented by auxilians. Designed to give an appreciation of the human body, it introduces basic information about the skeletal system and the heart. Another program about the heart is being readied in media-guide kit form for classroom use by elementary school teachers.

LEGISLATION

As spouses of physicians and as private citizens, we benefit from both the give and take ends of the health care delivery system. Accor-

dingly, our interest in the legislation of health care is paramount. The auxiliary is becoming more knowledgeable about the legislative process and is communicating with governmental representatives through our strong and active Legislative Committee. In accord with current state legislative action emphasizing the protection of children in automobiles, we are instituting an exhibit of child safety restraints.

SCHOLARSHIP

The yearly tradition of awarding scholarship aid to nursing and allied health career students continues. We have always generously supported this noble cause, and will again, during this year's Scholarship Fund Campaign.

RESOURCES

The ingenuity and resources of our membership are limitless. Although some of our programs require a weekly time commitment, many members offer assistance for brief periods or for a single event. Please remember, it is a mistake to do nothing if you can only do a little. Do what you can. Come to our meetings; get to know one another.

We are neither ghosts, phantoms nor mere appendages of our spouses, but we are working for similar causes. Betty Friedan, of The National Organization For Women, recently stated, "Volunteer groups concerned with living things and life-oriented service are going to move to the forefront of political action...We need a new passionate voluntarism of men and women, both to restore government priorities and to get new services created." The Auxiliary to the Hampden District Medical Society has long exemplified this philosophy. □

Mrs. Gregory J. (Helen) Gallivan, President

DON'T LET ANOTHER SEASON PASS

If you're a frequent skier who enjoys skiing more and traveling less, the Mt. Tom Season Pass is your best skiing buy. Last winter, our expert snowmaking crews worked day and night to bring you 75 days of skiing unmatched in the area. And that was with no cooperation from the weather. With a complete renovation of our snowmaking system, we look for more and better skiing this season. And you need only to ski 20 times this year and the rest is free. Day or Night, Junior or Senior, Mt. Tom has a Season Pass Plan for you. Save 10% on your Season Pass if you purchase by Oct. 12, and you can charge it with Visa or Master Card. Call us at 413-536-0416 and don't let another Season Pass.

Mt. TOM
Ski Area
Always White Day & Night
Route 5, Holyoke, MA. (413) 536-0416

CHALLENGES

Sixty years ago this year, a small group of physicians' wives formed the AMA Auxiliary. It was a historic moment, fraught with risks for those involved. Yet they had vision and foresight to the years ahead to begin an organization which could withstand the changes of time, the nation, the world.

We have much to be proud of for we have built a nationwide network of physicians' spouses unique in myriad volunteer accomplishments, in ability to change and grow as circumstances demand, in endurance to last when others fall by the wayside, in grassroots involvement to meet all manner of community needs, in democratic structure which permits every member a voice.

Our biggest challenges may be yet to come, challenges which hold great opportunities if we will dare to face them. To meet these challenges, we must think into the future. Where do we go from here? What are our strengths and weaknesses? What are our problems and challenges? Where will we be in 60 years? How are we going to get there?

I don't know the answers to all of these questions. But I can answer one of them: how we're going to get where we're going. There is only one way this organization has kept its viability for 60 years, and only one way it will have that viability 60 years from now.

If we are to succeed where others have failed, we must think of the AMA Auxiliary as one organization of volunteers in a world very much in need of our time, talents, and expertise. The county, state, and national levels of the organization must pull together to enable us all to do our work.

This organization didn't begin with a national level, or a state level, or even a county level. It began with physicians' wives getting together in small groups. Then these small groups formed county organizations. Then the county organizations formed state organizations. Then the state organizations formed the national organization. That's how we grew. That's how we have maintained our strength. That's where our strength will come from in the future — from a strong federation of county, state, and national levels.

So I would challenge you to make this organization one federation so that we maintain the growth we have enjoyed throughout our history. It is a matter of responsibility — our responsibility to the organization, the organization's responsibility to us, and our joint responsibility to the people we are pledged to serve — the medical profession and those in our communities.

Let us unite in our belief in the AMA Auxiliary as an organization pursuing the betterment of mankind through its volunteer action. For the united force of our membership is the key to our success and to the health and welfare of others. □

Isobel Dvorsky (Harry S.)
1981-82 AMA Auxiliary President

A Message To The Hampden District Medical Society

The district medical society auxiliary, like the district medical society, is "where the action must be." The auxiliary must become acquainted with the health needs of the local community, the available resources to cope with these needs, and the success with which they are being met, in order to function constructively in the community. "Health needs" covers a wide spectrum-educational programs and projects, supportive activities (such as care of the elderly or volunteerism in a clinic or hospital), and legislative action which will provide a favorable climate for a high level of medical care within the financial reach of all who need it.

With the advent of "2½" there is an increasing need for community volunteer activity. The district auxiliary can initiate new projects, as Hampden has done at the science museum; it should also engage in joint activities with other community health organizations.

The AMA Auxiliary and the MMS Auxiliary, like the AMA and the MMS, have supportive and unifying functions - informational resources, leadership training both in organizational skills and in subject matter, a sense of the statewide and nationwide strengths and weaknesses in the health field, and national and state legislative leadership.

There is another equally important dimension of the medical society auxiliary on national, state and district levels, supportive action and empathy for our medical family. We must help our medical schools through the AMA Educational and Research Fund. We must be sensitive to the stresses in the lives of medical students, resident physicians, practicing and academic physicians and their families, being ready to offer each other friendship, understanding and help.

I want especially to congratulate Hampden Auxiliary for its marvelous involvement with the science museum and with the MMS Auxiliary's statewide children's poster-essay contest, "How I Stay on the Road to Good Health." I wish the Hampden District Medical Society Auxiliary another productive year under the able leadership of its new President, Helen Gallivan.

Thank you, Hampden, for giving me the opportunity to share some of my thoughts with you. □

Dorothea S. Rodkey
President, MMS Auxiliary

SEPTEMBER EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, September 15, 1981 in the Conference Room of the HDMS.

Present were Drs. Stoddard, Baker, Guardione, Dean, Rich, Asinas, Ryan and Mrs. Purdy. Absent were Drs. Hough, Walthall, Remsberg, Bagamary, Siragusa, Bloom and Mrs. Condon.

The minutes of the June meeting were accepted as written.

CORRESPONDENCE

A letter of resignation from Dr. John Warren Sullivan was read. The committee voted to accept this resignation with regrets.

A letter writtten to Dr. Stoddard from Dr. Gerald Kerrigan was read and accepted as informationa. Dr. Kerrigan expressed concern about health care costs, society's ability and willingness to bear that burden, and medicine's role in serving society plus helping to keep costs down.

Max Zeller FURS

SPRINGFIELD'S LEADING FURRIER

294 BRIDGE STREET
SPRINGFIELD, MASS.
AREA CODE 413 733-0982

1772 RIVERDALE ST.
WEST SPRINGFIELD, MASS.
AREA CODE 413 733-0983

Need a New Doctor in Your Office? CALL BOB DOYLE

YOUR *LOCAL* MEDICAL & DENTAL RECRUITER

The Robert B. Doyle Agency

Robert B. Doyle, President

Hospital Campus Medical Building
300 Stafford St., Springfield
785-1659

"Buckle Up Your Baby" is the name of a special one year project sponsored by the Safety Council of Western Massachusetts to promote education and increased usage of Child Auto Safety Seat Restraints. The Public Health Committee of HDMS will help promote the project. Dr. Barry Sachs is on the committee of the Council as well as the Public Health Committee.

OLD BUSINESS

Dr. Hough had been asked to study the proceedings of the Council for the past three years specifically to find out what had happened to Hampden resolutions. Six resolutions had been submitted. The action of MMS Council on each over the past three years was summarized for the Executive Committee by Dr. Hough. The Committee approved a yearly review of Hampden resolutions to institute further action as necessary. One resolution requesting equal payment for equal services rendered to ambulatory patients in hospitals, particularly in emergency rooms, etc. was questioned by Dr. Hough to Dr. Munier, Executive Vice President of the MMS.

A written report of the Education and Library Committee was given to each member present. The committee recommended to the Executive Committee that the society continue to pursue to collect the $30.00 assessment to those members who have not paid. They also reported that they would not sponsor a CME meeting prior to the January district meeting. There are 172 members who have not paid their assessments. Second billing will take place and another report will be given at the October meeting. The committee asked for a financial report from the committee as to their funds at present. This will be given at the October meeting.

62ND ANNIVERSARY YEAR
TOROS OMARTIAN & SON, INC.
We Buy and Sell ORIENTAL RUGS
286 Bridge Street Tel. 736-1531 Open Thurs. till 9:00 P.M.
FREE PARKING VALIDATED

Landen-True
SPRINGFIELD JEWELERS FOR OVER A CENTURY
NEW LOCATION MARKET PLACE 1331 Main Street

There was concern that the Council meeting of the MMS might be changed from the original October 14th time. Dr. Stoddard wrote Dr. Munier asking that it not be changed at this late date. Dr. Munier assured HDMS that this meeting will not be changed.

The resolution brought in by the Pediatricians at a former meeting was discussed by the committee. Dr. Stoddard will write to the concerned Pediatricians and a report of the action taken by MMS will be given to them.

Discussion was held about the lack of communication between the MMS and the district societies. Dr. Stoddard will write a letter to Dr. Munier regarding this issue.

A suggestion that the Executive Committee hold its meetings at 5 or 5:30 P.M. instead of 7:30 P.M. was discussed. The majority voted to keep these meetings at 7:30 P.M.

Mrs. Purdy asked if the HDMS advertisement in the yellow pages could be eliminated or reduced in size in order to cut costs. She will contact the proper person for an estimate.

NEW BUSINESS

Dr. Hough talked with Dr. Stoddard about the formation of a Medicine-Business Coalition locally. It is in its planning stages and a meeting will be held on November 4, 1981 with business leaders and physicians as an initial start. Reports will be given from time to time on the progress of this coalition.

Dr. Stoddard gave a report to the committee on the progress of the Blue Shield suit. Discussions were held on the special Council meeting held on July 8, 1981. Information will be given to the membership at the District Meeting on September 22, 1981.

The meeting was adjourned at 9:50 P.M. □

PROFESSIONALS enjoy buying and selling
real estate through **PRESTIGE REALTY.**
Bernard W. Schorr
Elsie B. Halperin
Anne Naroff
REALTORS

CLASSIFIED

MODERN OFFICE in Holyoke Regional Medical Building adjacent to Holyoke Hospital. Fully-equipped for use on full-time or part-time, 'time-share', basis.
HOLYOKE 534-3321

Space available on part time rental basis in new medical office building at Providence Hospital. Call Dr. G. Shah at **536-1711** or Matthew Pszeniczny at **536-5111**, Ext. 2335.

AUXILIARY NEWS

For the 28th consecutive year, thanks to funds obtained initially over the years through the annual White Cap Ball and subsequently through the Scholarship Fund Campaign, the Auxiliary awarded four $500. scholarships for the coming year to area students pursuing careers in health related fields. The four are:

Mary Edwina Karpells, 109 Wayne Street, Springfield, a nursing student at the Elms College. Mrs. Karpells is widowed and the mother of five children.

Kathleen Lajeunesse, 72 Percy Street, Chicopee, a nursing student at Baystate Medical Center and the mother of two children.

Jacqueline Benoit, daughter of Mr. and Mrs. Gerald Benoit, 420 Holyoke Road, Westfield, a nursing student at the University of Lowell.

Tammy Myslinski, daughter of Mr. and Mrs. Joseph Myslinski, 31 Shephard Street, Chicopee, a nursing student at the Baystate Medical Center.

There were 64 candidates applying for these scholarships and the committee, headed by Mrs. Silvano Macchiaroli, made the final selection based on scholastic ability and financial need. The competing candidates were interviewed at the Hampden District Medical Society office on May 30th and the selection was made at that time. Currently, the number of scholarships awarded depends entirely on contributions received from our own Auxilians and their spouses during the annual scholarship campaign. This year's campaign will be launched in October and will extend through November. □

Mrs. Richard J. Miller

RISK MANAGEMENT

The two most important concepts in avoiding malpractice are communication with the patient and precise record-keeping. The doctor who will keep malpractice episodes to a minimum is the one who combines from the outset the communicative techniques of the proverbial "bedside manner" with absolutely precise and complete patient records. □

Alexander W. Ross, Jr., J.D., Member of Law Firm of Diamond, Polsky, and Bauer, *Philadelphia Medicine* (May 1981)

GIFFORD RETROSPECTIVE

The past 20 years at Baystate Medical Center - and its preceding institutions - have been filled with changes - in facilities, programs, and people.

For the man in charge during that time - Harry C. F. Gifford - those years have been challenging, hectic, frustrating at times, but eventually satisfying.

As his October retirement grows closer, Gifford has been assessing those years and what they have meant to him and to the institution.

"There have been ups and downs," Gifford reflected, "both for the institution and for me. But I think the trend is upward again. Baystate Medical Center has turned a corner and is on the way to continued progress."

BEGAN IN 1961

Gifford came to Springfield Hospital in 1961, at the peak of a major nursing shortage, he recalls.

"One of the first things I did as executive director was to close 60 beds because of lack of staff," he said.

The following few years were full of challenge and change.

The institution was in the process of physically upgrading its building.

Sixteen beds were set aside for use in a new medical concept - the intensive care unit.

"And following a series of discussions with the medical staff and trustees, we affirmed our objective of becoming a medical center," Gifford said.

NAME CHANGED

The institution's name was changed to Springfield Hospital Medical Center in 1962. Full-time hospital-based physicians were named and chiefs of clinical departments appointed. Nursing management and personnel positions were upgraded to senior management level; the management and professional councils were formed, and the institution was divided into four major administrative divisions.

Full-time services were established in the late 60s. Services dealing with specialties like endocrinology, pulmonary diseases and separate

ORIENTAL RUGS
MARKARIAN & MARKARIAN
EST. 1895
We buy & sell
Oriental Rugs
472 BRIDGE STREET
at Apremont Triangle
SPRINGFIELD — 737-1227
ANTIQUE and
SEMI-ANTIQUE RUGS
AUTHENTIC
OIL PAINTINGS
INDIAN and
CHINESE RUGS

pathology laboratories were established.

By the end of the decade, there was no longer a staff shortage, and the number of beds was again increased.

"Our reorganization attracted employees back here," Gifford said proudly.

"That was a very satisfying time for me," he recalled. "It was great fun to come in with all those difficulties, and be able to work and get it turned around. It was great!"

Gifford also recalls a tremendous financial change for hospitals in the late 60s with the onset of Medicare and Medicaid.

"That changed the entire financial structure of the institution," Gifford said. "We no longer had 'ward patients' who were treated here free, and there was a tremendous increase in financial controls and reporting requirements."

EXPANSION HALTED

But the success and expansion of the 60s slowed down in the next 10 years as the changing health care delivery system brought new obstacles.

The Health Planning Council was established in the late 60s, with representatives from all area hospitals and other segments of the community, to coordinate the growth of health services on a regional basis.

At the same time, the Massachusetts Determination of Need system was established to review actual need for large hospital expenditures.

This system affected the building plans of Springfield Hospital, which had raised $1.75 million dollars for expansion.

The plans, which were drawn up before the DoN System was in place, called for adding two wings (North and Central) to the main hospital building. Gifford recalled that by the time the North wing was completed in 1972, the DoN system denied permission to build the Central Wing.

"The 70s constituted a continuous and increasing set of financial and operational regulations," Gifford said. "This made local internal decisions far more difficult. We really didn't rule our own destiny any more."

SLOWED RESPONSE TIME

"I also found this put a damper on creative thinking because it slowed down our response time in developing new programs," he said.

"And it certainly added to the need for many more financial and administrative staff people," he added.

But there were bright spots during this time, too.

Gifford recalled the formation of the Cancer Cooperative, made up of several area hospitals working jointly to improve cancer treatment.

The postgraduate medical education program was expanded, and the hospital switched affiliations from Albany Medical College to Tufts University, which provided faculty positions to the medical staff at Baystate Medical Center.

More full-time, hospital-based physicians were added, the Neonatal Intensive Care Unit opened, and the Infection Control Department established.

Also opened at this time were the Susan A. Auchter Renal Unit, and the Neighborhood and Brightwood-Riverview Health Centers.

OUTSIDE ACTIVITIES

During this period, Gifford said he became involved with several groups outside the hospital, including the Massachusetts Hospital Association, local planning agencies and the Health and Educational Facilities Authority.

"On a personal level, that period was less satisfying than the one before," Gifford recalled. "I had to spend more time outside the hospital, and I became more remote from the employees and patients, which I didn't like. I much preferred the 60s, which were more personal because I knew everyone who worked here."

And the changes continued.

Wesson Women's Hospital, which was built adjacent to Springfield Hospital in 1953, merged with Springfield in 1974 and was renamed the Medical Center of Western Massachusetts.

Then, two years later, a decision about a piece of medical equipment changed the history of health care in Springfield.

As members of the Cancer Cooperative, both the Medical Center of Western Massachusetts and Wesson Memorial Hospital applied for permission to buy expensive new high-energy radiation equipment used in cancer treatment.

SHARING RESOURCES

Because of the growing concern in the hospital industry about saving money and sharing resources, the Cancer Cooperative asked the two hospitals to compromise. The result: the 1976 merger that formed Baystate Medical Center. Gifford was named president.

BEST MEDICAL LOCATION IN TOWN
WE'RE 95%. FILLED, 98% COMMITTED
ONLY 1500 SQ FEET LEFT IN SUITES FROM 660 TO 734 SQUARE FEET
Only Two Suites Left
Call BOB DOYLE, Rental Agent
HOSPITAL CAMPUS MEDICAL BUILDING
300 Stafford St., Springfield, MA
785-1659

"From then on," Gifford recalled, "the major question we dealt with was how to more effectively operate this large multi-site medical center. We hired the Arthur D. Little Company as consultants to assist the work of internal task forces.

"Those first years after the merger saw major changes in the Medical Center," Gifford said. "We began renovations in the corporate office building, reorganized administrative jobs, re-examined wages and fringe benefits, rewrote policies, changed accounting systems. It was an enormous project, and a very difficult time. We spent millions of unrecoverable dollars in those few years."

By 1978, much of the restructuring was done. Consolidation had taken place in the board of trustees, hospital management, and medical staffs. And the Medical Center embarked on a systemtic renovation project in both units that is continuing.

By last year, interim and master plan task forces were formed to examine the situation at BMC and make suggestions for future plans. This resulted in hiring architects, planners, and financial advisers as the Medical Center embarked on a major construction project. In August 1981, the Board of Trustees approved an $87 million dollar construction project, the first phase of a major building program that continues the development of the Medical Center.

MORE RESTRAINTS

"In the past two years, there have been heavier financial restraints put on hospitals," Gifford said. "The new attitude of the regulation people is to have hospitals cut back. 'Limited growth' is the new catchword in this business."

"So I think the 80s are going to be very tough," Gifford continued. "I don't see less than double-digit inflation in the near future.

"Considering cutback results in ethical problems: to whom do you extend expensive, tertiary care? More and more of these problems will have to be faced," Gifford said.

BEST EXPERIENCE

"My best personal experience here was living through the merger and all those major changes," he continued. "It was frustrating, but it was also a fascinating challenge."

"I think it is remarkable the way our employees have handled that," he said. "Through everything, they have continued to care for patients while instituting changes and adapting themselves. They did a wonderful job."

As for his future, Gifford plans to join the faculty of the University of Massachusetts School of Public Health.

"I hope to provide a degree of pragmatism to the academic consideration of health care issues," he said. "I think it's going to be fun."

"Nobody is indispensible to this institution," Gifford concluded. "It has a life of its own."

Mr. Harry C. F. Gifford is leaving Baystate Medical Center after 20 years. Hampden District Medical Society wishes him success in his new position. □

WELFARE...DID YOU KNOW?

The author is currently the administrator of Hampden County Medical Group. He has also been a public health care administrator responsible for a multimillion dollar county-wide primary health care delivery system in South Florida. Therefore, he understands both the public and private sectors' viewpoints on health care services for the needy.

He is also a member of the Massachusetts Medical Group Management Association and serves on its Third Party Review Committee. As such, he has had many contacts with the Welfare Department. He also serves as a trustee for Ludlow Hospital.

Most physicians who deal with the Massachusetts Department of Public Welfare will attest to the intolerable level of frustration derived from attempting to be paid fairly or paid at all for medical services rendered. You may not be aware of some of the more subtle problems that will cost you money in spite of following all the regulations:

1. WELFARE CARDS WITH INSURANCE RESTRICTIONS

The Department's computer does not have the programmed ability to distinguish which member or members of a family are legitimately affected by the restriction. If the card has a restriction, then all have it according to the computer.

A restriction is on a Welfare card because one or more members of the family has other primary insurance. Welfare is supposed to be the payor of last resort, therefore, the physician must send a copy of the primary insurance company's response (payment or rejection) to request a payment from Welfare.

If the mother does not have the primary insurance (her children have it) and you submit a request for payment to an insurance company who never heard of her, chances are in Massachusetts that you may not get any response. The reason for the no response is that there is no law in Massachusetts that requires an insurance company to inform you that your patient is not insured by them. You now have no rejection to submit to Welfare.....YOU DON'T GET PAID.

Bfh byron's funeral home, inc.
Ernest A. Byron, jr., president
736-5413
post office box 278
"highland station"
684 state street
springfield, mass. 01109
1858 allen street 01118

2. WELFARE INAPPROPRIATELY CHANGES PATIENT NAMES.

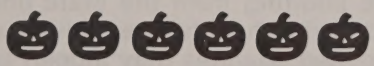
There are times when you will render services to a patient valid Welfare card whose name and the name the patient gives you are identical. You submit a claim properly and get paid. If you are *very* careful you will notice that the computer paid you by the identical Welfare number, but the name is different! You may not be concerned now because you were paid for your services, but what happens five years from now when they perform an audit.....You saw Jane Doe, her card said Jane Doe, Welfare paid you as Linda Smith, and they ask you to show them Linda Smith who does not exist. The $11.00 you received for the office visit and the $5.00 you received for the lab tests may result in an officious repayment request from the Department of $500.00 using Welfare math.

3. THE INFAMOUS WELFARE AUDIT FORMULA.

As many others have stated, there has got to be something wrong with this formula. We feel that there are many invalid statistical assumptions which may be proven, but this article is not the appropriate forum to make them public. However, one assumption is particularily troublesome. The formula appears to assume that there is a uniform sample over time, that the Department never made any processing errors, and that all their notices reflecting changes in the regulations were received on time by the providers (if received at all.)

The application of the formula in many respects seems flawed. One example is: Asume a physician performed $200,000 worth of Welfare services during the last five years. The Department's audit reviews $8,000 of these services of which $800.00 was the so called "overpayment" for urinalysis. Here you have 10% of your sample in error, therefore, the physician owes $20,000.

Even if you accept the formula, the error rate found for one procedure should not be applied to all procedures, rather it should reflect an error rate for that procedure alone. Obviously, this would result in a much lower payback to the Department.



VALLEY HEARING AID CENTER

RADIOEAR® WORLD'S FINEST HEARING AID

KIMBALL TOWERS - GROUND FLOOR
BRIDGE ST. LOBBY
SPRINGFIELD, MASS. 01103

Acoustikon®

MALCOLM M. SLOVIN, MGR.
CERTIFIED HEARING AID AUDIOLOGIST

TEL. 732-5588

For the question is, is there a solution? For physicians who care to be involved in the improvement of the Welfare system, there may be hope, but for those who don't care or feel that they cannot do anything, then the answer is regrettably no.

The overall track record of physician involvement in government run health care has been well discussed. Briefly, physicians have tended not to be involved because either they feel non involvement means the program will go away, or they feel that any efforts would be fruitless.

I disagree. Physicians are still the primemovers of the health care delivery system. I have yet to see a bureaucrat deliver health care services. Physicians should actively participate in ensuring that if government is going to be in the health care business, that both the patients needs and physicians needs are balanced.

The Massachusetts Medical Society does have some contact with the Welfare Department, but its influence is minimal. If this was not the case, how could the current adominable, audit situation be allowed to perpetuate.

A few weeks ago, I had a conversation with one of the outgoing bureaucrats who has been active in the promotion of Governor King's "cap" medical concepts. I pointed out to him that basically the system was asking the physician to take on more responsibility for less money. How could the governor actually expect physicians to be supportive of this idea? I was told that one way was not to further improve the current system, so that any change might be attractive. Also some consideration was given to suspending the audits as a gesture of good faith by the state to the physicians. However, as to the latter, since there is no effective, concertive effort by physicians regarding the audits, and there is pressure by taxpayer groups to proceed with the audits, this idea was dropped. The physicians have been a victim of the political process and will continue to be a victim unless something is done.

There is merit to the basic philosophy behind Governor King's idea that one way to control costs is to restrict health care access to Welfare recipients, limiting it to appropriate utilization of services and cost conscious providers. By decentralizing the payment process, removing most of the auditing from the state and transferring it to local peer review, and having health care delivery systems tailored to local needs, the proposed changes may indeed be an improvement. But, without your involvement in the development and implementation of this program, it will just be another bureaucracy just a little closer to home.

Put pressure on your local and state medical associations to insist on being involved. Require your lobbyist to let the legislators know of your desire to participate (and also how your enthusiasum could increase if the audits were dropped). Get involved. Any time a program is in its development stages, it is vulnerable. Take advantage of your opportunities..... □

J. Robert Barbour

Health Services In The Springfield Public Schools

The laws of the Commonwealth of Massachusetts mandate a number of health assessments and screenings. It requires that a physician be appointed either by the School Committee or in some cases, as in the case of the City of Springfield, by the Department of Public Health. The Physicians assigned to the Public Schools are part time employees. Some may be assigned to service two or more schools

The Physicians arranges to visit the schools assigned to him/her each week. During these visits he/she may perform some of the following tasks:

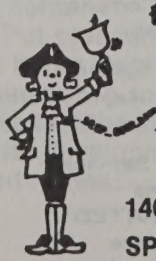
1. Provide physical examinations for those students who have not been examined and whose parents request that the examination be performed at the school or for students who wish to participate in Athletics.
2. Examine students who return to school after having been absent due to infection or exposure to a contagious disease.
3. Examine children who have been referred by school personnel who believe the child is showing signs of ill health.
4. Participate in any special testing or immunization program prescribed by the Health Department.
5. Assist in the final screening of mandatory identification programs in the school.
6. Consult with parents regarding health matters.
7. Assist with any emergencies if he/she is in the building at that time.
8. Occassionally make classroom presentations of certain health topics.

In the school program, in addition to his/her regularly assigned duties, the Public Health Nurse serves in the following capacities:

ESTABLISHED IN THE YEAR 1881
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

PBX, INC.
A new Telephone Company in Western Mass.
Telephone Business Systems
X-bar Rotary Key Systems
X-reed Electronic all types
Repairs - Sales - Service - Installations
INQUIRIES INVITED
3 Wolcott St., Holyoke
Tel. (413) 534-1400

1. Acts as liason between the school and the home.
2. Visits each school on schedule to assist with health services and to serve as a consultant to parents, principal, teacher and pupils as follows:
   (a) Active member of the Core Evaluation Team.
   (b) Assisting with required home visits per Chapter 766 regulations.
   (c) Planning health programs.
   (d) Helping determine health needs and establishing priority for meeting these needs.
   (e) Working on the program for the prevention of/and control of communicable diseases.
   (f) Working on the program for the prevention of accidents.
   (g) Dispensing psychotropic medication to students who have been certified.
3. Provides time in his/her schedule for teacher-nurse-principal conferences when needed and schedules for the teacher-nurse conferences.
4. Assists school physician and records his/her findings.
5. Interprets physicians' findings to school personel, parents and pupils, helps the family assume responsibility for the needed care by utilization of available community resources.
6. Follows up on:
   (a) All recommendations of doctor
   (b) All failures of vision and hearing tests
   (c) All absenteeism due to illness of 5 days or more, when this is requested by the school principal.
   (d) The health status of medical supervision as requested by principal and/or other pupil services.
   (e) Children who lack proof of mandatory immunizations.
7. Assists with immunization and screening programs in the school.
8. Advise parents regarding the correction of defects.



Car Phones . . . . Answering Service . . . . Pocket Pagers

MESSAGE CENTER

1401 STATE STREET
SPRINGFIELD, MA

781-1149 Springfield, MA
781-1908 Hartford, CT

9. Knows local and state health laws and regulations and explains such rulings to school personnel or parents where necessary.
10. Plans with principal to interview all newly admitted pupils who enter during the school year or carry-out these procedures:
    (a) Ascertains that the health record card is set up.
    (b) Ascertain status of mandatory immunizations.
    (c) Arrange for weighing and measuring.
    (d) Arrange for physical examination.
    (e) Arranges for immunizations and tuberculin screening programs.
11. Makes home visits.
12. Maintains file of health record cards.
13. Renders first aid in case of injury.
14. Sends out health notices.
15. Setting up a schedule for physical examinations.
16. Recommends to the principal exclusion of child for various health reasons.
17. Maintains required Health Department reports.
18. Assists in classroom presentations of certain subjects.

Another important segment of the School Health Services is that provided by the dental professionals. At this writing (before implementation of 2½) there are six part-time Dentists serving the students at 4 school sites and six Dental Hygienists who screen and do any necessary service to the students of grades K - 3.

Routine care and emergency service is performed on those students who are not covered by third party payments and who do not have their own dental services. The Hygienists notify the parents of any defects noted in their regular screening program and assist in any educational or prophylactic programs as needed.

There have been indications of need for a change in the health services as traditionally offered. We (The School Department and the Health Department) are trying to evaluate these needs and make the changes that will provide the most effective services to our students without duplicating services which are already available in the community. □

MR. MONTE FLAGG
Health, Physical Education & Safety Supervisor
Springfield Schools

KING'S PHARMACY
Ethel K. King, Manager
20 GROVE STREET
CHICOPEE FALLS — 592-1651

"BUCKLE UP YOUR BABY"

"Buckle Up Your Baby" is the name of a special one year project being sponsored by the Safety Council of Western Massachusetts in Springfield to promote widespread education and increased usage of Child Auto Safety Seat restraints throughout the four western counties of the Commonwealth.

The program is being funded by a $40,000 grant from the Massachusetts Auto Rating and Accident Prevention Bureau, an association of Automobile insurance companies in the state.

Automobile accidents are the number one killer of children in the United States. According to the National Safety Council, figures of 1980 show that about 1,000 children under 5 die annually in motor vehicle accidents as passengers with another 70,000 being seriously injured.

In an attempt to reduce this terrible highway toll, the Safety Council of Western Mass. has developed the "Buckle Up Your Baby" program to make area residents increasingly aware of the importance and proper use of crash-tested car seat restraints for children.

Francis C. Righi, of Hampden, former Executive Director for the American Heart Association, Western Mass. Division, is coordinator for the grant which began June 15.

Mrs. Righi outlined several goals of the "Buckle Up Your Baby" campaign:

To educate parents of infants and children about the reasons for using crash tested car seats and seat belts.

To encourage nurses, pediatricians, obstetricians, hospitals, and community health organizations to utilize inservice programs to be offered by the Safety Council of Western Massachusetts.

To complement existing child auto restraint programs.

To assist in the coordination of present efforts in Western Massachusetts in order to establish more comprehensive child safety education.

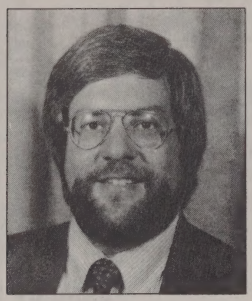
To disperse up-to-date information about approved car seat products.

To provide support for pending legislation.

The "Buckle Up Your Baby" project is only one of the many programs on accident prevention that the Safety Council offers. The Safety council of Western Mass. is a private, non-profit, public service organization and is an accredited chapter of the National Safety Council. □

Frances C. Righi
Safety Council of Western Massachusetts

WELCOME NEW MEMBERS



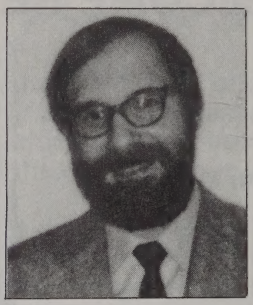
Ronald Beachman, M.D.
78 Maple St.
Springfield, MA 01103

BORN:	September 13, 1951
PREMED:	University of Miami Coral Gables, FL 1969-73
MEDICAL SCHOOL:	Tufts University School of Medicine 1973-77
INTERNSHIP:	New England Medical Center Hospital 1977-78
RESIDENCY:	Boston University Hospital Medical Center in Psych 1978-80 Childrens Hospital Medical Center & Judge Baker Guidance Center 1980-81
SPECIALTY:	PSYCHIATRY

Alphonse F. Calvanese, M.D.
146 Chestnut St.
Springfield, MA 01103

BORN:	July 29, 1951
PREMED:	University of Massachusetts 1969-73
MEDICAL SCHOOL:	Tufts Medical 1974-78
INTERNSHIP:	Baystate Medical Center 1978-79
RESIDENCY:	Baystate Medical Center 1979-81
SPECIALTY:	INTERNAL MEDICINE

PATRONIZE OUR ADVERTISERS
AND MENTION
"THE HAMPDEN HIPPOCRAT"



Paul S. Farkas, M.D.
300 Stafford St.
Springfield, MA 01104

BORN:	January 3, 1952
MEDICAL SCHOOL:	Tufts University 1972-76
INTERNSHIP:	Baystate Medical Center 1976-77
RESIDENCY:	Baystate Medical Center 1977-79
FELLOWSHIP:	Albert Einstein College of Medicine (Gastroenterology) 1979-81
SPECIALTY:	INTERNAL MEDICINE-GASTROENTEROLOGY

Karen Goodhope, M.D.
759 Chestnut St.
Springfield, MA 01107

BORN:	March 29, 1954
PREMED:	Beloit College 1972-76
MEDICAL SCHOOL:	Southern Illinois University School of Medicine 1977-80
INTERNSHIP:	Baystate Medical Center-still there
SPECIALTY:	RADIOLOGY (resident)

TO BE CONTINUED . . .

S.T.A.R.T.
Physical Therapy

The Physical Therapist is an important member of the medical team. For those who suffer from painful muscles and bone problems, freedom from pain is an elusive light at the end of the tunnel. Drugs may provide relief from symptoms, but they usually do not attack the cause and may become addictive. Surgery, while approprate in some cases, is too often a last resort that fails. What is a person to do?

Fortunately, many people have found relief from debilitating pain through safe, natural, Physical Therapy.

Working through a Physician's referral, the Physical Therapist can very often spare patients the trauma of surgery or the blank euphoria of drug dependence. For the post-operative patient, the Physical Therapist is the link in the health care team that speeds successful recovery. For the sports enthusiast, a Physical Therapist can decrease recovery time from injuries and rehabilitate the athletes for their respective activity.

If you feel Physical Therapy may help you, check with your Physician. Most health care insurances cover Physical Therapy services.

91 School Street • Springfield, MA • Tel. 788-6195

WE PROVIDE IN YOUR HOME

- Homemakers
- Companion Sitters
- Home Health Aids
- Nurses aids

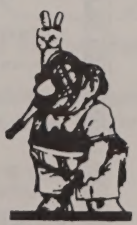
736-8159

Est. 1971 HOME SERVICES, INC. TELEPHONE 736-8159 TM

77 MAPLE ST. SPRINGFIELD

Winning isn't everything, it's **WHERE** you play that matters!!

Round-Robin
Social Events and Random Play
Health Facilities



12 cushioned indoor courts, Roman whirlpools, saunas, exercise rooms, air conditioned clubhouse, snack bar, lounge, pro-shop, nursery.

Nautilus

for further information
Call 567-1724

MEADOWS RACQUET CLUB
170 DWIGHT ROAD
LONGMEADOW, MA

HAMPDEN CAPSULES

Dr. Enzo DiGiacomo, Chairman of the Public Health Committee is Chairperson for the Sports Medicine program planned for September 25, 1981 for the 133rd Teachers Convention held at The Rodeway Inn.

Other members participating in the program are Dr. Stephen Paul, Dr. Thomas Clarke and Dr. J. Gordon Rich.

Committees meeting in September were: Executive, Membership, Mediation, District.

Dr. Bernard Bloom, PR Chairman and Vivian Purdy attended a PR Regional Seminar at the Boston Park Plaza organized by the Office of Public Relations of the American Medical Association.

Happy October Birthdays to Drs.: Amberson, Bagamary, Borenstein, Burke, John, Carrington, Caruso, Casella, Coen, DeWeese, Donoghue, John, Duffy, Egan, Engleman, Gilman, Deborah, Glackin, Glasser, Glazer, Hennessey, Hutt, Kasper, Keenan, Joseph, Krokidas, Kruger, Levander, Lundy, Magill, Mittelholzer, Navazio, Nay, Park, Plotkin, Poppo, Potee, Romanos, Russin, Sachsse, Schweiger, Sorrentino, Tate, Thielen, Wakefield, Wheeler, Wittenberg, Yelle. □

LIST OF ADVERTISERS

Below is list of our advertisers for 1981. In your contact please tell these people how much we appreciate their support.

Agawam Medical Equipment, Inc.
Architectual Woodworking of Chicopee
Arnold's Shoes
BayBank Valley
Bay State Service & Systems
Brightwood Development Corp.
Burger, Vera, Realtor
Byron's Funeral Home
Corliss Adjustment Bureau
Cornell Galleries
Curran-Jones Funeral Home
Desco Data Systems
Dickinson-Streeter Funeral Home
Doyle, Robert Agency
Dunlop Florist, Inc.
Eastern Medical & Dental Assoc.
East Longmeadow Nursing Home, Inc.
Field, Eddy & Bulkley Insurance
Footit Surgical Supplies
Freedom Federal Savings
Hafey Funeral Home
Hart Adjusment Bureau
Henderson's Funeral Home
Home Services, Inc.
Hutton, E.F. Co., Inc. Equity Corp.
Inkwell
Integrated Resources Equity Corp.
King's Pharmacy
Landen-True
Lester L. Burdick, Inc.
Lilly, Eli and Co.
Log Cabin Restaurant
Markarian & Markarian
Marriott
Mary Lyon Nursing Home
Meadows Racquet Club
Merrill Lynch
Message Center
Mt. Tom Ski Area
Museum of Fine Arts Shop
Old Storrowton Tavern
Omartian, Toros & Son, Inc.
P B X Inc.
PCR Services
Pension Associates, Inc.
Picot's Place
Prestige Realty
Reliable Telephone Service
Rodeway Inn
Shawmut First Bank
Springfield Secretarial Service
START
Stuart Pharmaceuticals
Student Prince & The Fort
Tallarico Rare Coins
Valley Hearing Aid Center
Visiting Nurse Association
Weidner Travel Bureau, Inc.
White, A. O.
Yankee Pedlar Inn
Zeller, Max Furs

HIBICLENS LIQUID
NOLVADEX TABLETS
MYLANTA LIQUID
Frank Bobbin
Stuart Pharmaceutical

MARY LYON
NURSING HOME
Hampden
Massachusetts

MEDICARE APPROVED

Phone: 566-3431
566-3426

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN
Easthampton Road, Route 141
HOLYOKE
536-7700

Doctor Dictation Service... Office Records, Letters, Forms...

ALL KINDS OF
MEDICAL TRANSCRIPTION

Exellent for Over-load of
Office Dictation... Same Day Service.

24 HOUR SERVICE AVAILABLE

CONFIDENTIALITY GUARANTEED

LOW COST...EXPERIENCED...EFFICIENT...ACCURATE...TAX DEDUCTABLE

CALL FOR DETAILS

(collect) (413) 737-6873

BAYSTATE SERVICE & SYSTEMS, INC.

OFFICES LOCATED: WEST SPRINGFIELD & SPRINGFIELD

ACCREDITED BY MASSACHUSETTS HOSPITAL ASSOCIATION

CUSTOM FITTED ORTHOSIS

PHYSICIANS SUPPLIES
SALES
RENTALS
DELIVERY

719 Main St.
Agawam, Mass. 01001
(413) 789-1100

AGAWAM
MEDICAL
EQUIPMENT

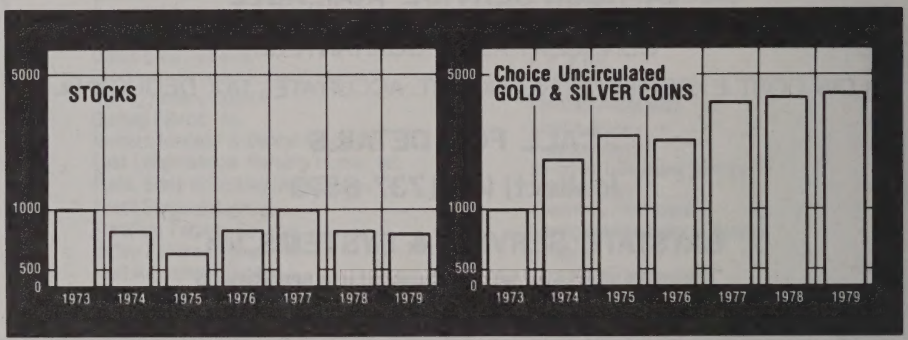
*Emergency Medical Equipment
*T.E.N.S.
*Professional Office Furniture and Equipment
*Authorized Jobst Dealer

- OSTOMY SUPPLIES
- HOSPITAL BEDS
- WHEEL CHAIRS
- COMMOLES
- SURGICAL GARMENTS
- EXERCISE EQUIPMENT
- TRACTION EQUIPMENT
- WALKERS
- LEG BRACES
- IPP BREATHING MACHINES
- BREAST PROSTHESIS
- WHIRLPOOLS

"We Deliver"

TRY US FIRST

Dramatic gains with RARE COINS



The prudent, far-sighted individual who invested one thousand dollars in choice uncirculated gold and silver coins in 1973 was rewarded with a dramatic 400% increase in appreciation over a six-year period.

Less fortunate was the individual who took the more traditional investment route—the stock market. Of course, some selected stocks fared better than the D-J but they were few and far between.

Not so with rare coins!

Obviously rare coins must be selected with care and by knowledgeable people. At Tallarico Rare Coins, Inc., we are specialists in rare coins, we are experienced and well-established. Our business is to create sound investment programs for individuals, companies and institutions, and we offer the following advisory services:

- rare coins as part of pension and profit sharing plans
- rare coins in Keogh, HR10 and IRA plans
- personal rare coin investment portfolios
- coin appraisals

Investing in rare coins is sound investing ... and we should know. Want the facts? Call or write us today. No program is too small—or too extensive—to challenge us.

We would be pleased to send you a complimentary copy of our monthly newsletter "Coin Talk".

☐ Please contact me to discuss investments in rare coins
☐ Send me a copy of "Coin Talk"

Name _____

Address _____

City/State/Zip _____

Phone: (Home) _____ (Office) _____

Tallarico Rare Coins, Inc.

53 Pine Acre Road, Springfield, Massachusetts 01129
Phone: (413) 783-4233